

## **Remarks for NORC Public Meeting on 5/16/07**

### **Opening**

Thank you Ann...it really is a pleasure to be with you....For those of you who aren't already convinced of this, Ann and Cindy – and Lindsey Mintz -are the best advocates for seniors that I know. What a wonderful job they have done here.

Julia always jokes that I take 5 minutes to write a speech but I do it so I capture the passion of the message and don't overly worry about the words. Today I want to give you a very passionate review of what we've done, what we're doing, and what we are going to do.

A former boss told me...don't talk unless you know the answers to three questions: What? So what? Now what?

### **What?**

Let me remind all of you that that Indiana's Aging Reform Agenda is focused on "rebalancing" our long term care spending. Each phase of the agenda would build upon the previous phase. Our FY 2007 budget is \$1.414 billion. Our FY 2008 and FY 2009 budgets are

Almost immediately after my arrival on the scene in Jan 2006 I saw the need to consolidate the many assets of the Division of Aging into a focused product that could be successfully delivered our 1 million + Senior Hoosiers.

- Needed to expand beyond a healthcare delivery focus...
- Had to address underutilization of community-based services...
- Would need multiple phases...

Phase 1 was the creation of Options...a brand...an identity for our healthcare delivery product, which we defined as hohe, home care, ads, afc, al, as well as NFs....this spectrum would become a single entity....

What did we need to do? Increase capacity, improve access, and inform our customers of this new product. Most of this was simply "unfinished business" that was the product of previous discussions and legislative actions. We simply needed to execute a plan that had not been executed in the previous administration.

- Raised rates to create a financial incentive...
- Created order within existing rates...
- Equalized financial eligibility...
- Created a public information campaign centered around Options....

### **So what?**

What were the results? Simply stated, they exceeded my expectations...

- 15,100 people are now served in CHOICE. The most ever in the 20 year history of the program.
- 5,200 people are being served in the AD and TBI waivers. The most ever in the history of Indiana's waiver program,

- Waiver wait lists are the lowest ever and have been as low as 500 this year. The CHOICE waitlist is about 5,800, which is the lowest since 1999.
- The number of AL facilities has doubled and the first 25 AFC homes in IN history have been opened. Self-Directed ATTC is now available to seniors for the first time in history.
- The budget has been balanced and our program changes have created the cash flow necessary to expand beyond simply providing care and into the provision of support services as well.

## Now what?

Phase 2, which formally begins with the new budget on 7/1/2007 is focused on the development of the Indiana Elder Affairs Network. IEAN continues to build the community based services but recognizes that there are “limiters” to the utilization of these services and that overcoming these “limiters” can actually provide seniors with the opportunity to maintain their independence completely.

- Took over 600 pages of testimony during a statewide tour...
- 4 workgroups make up of AAAs, advocacy groups, providers, etc...
- 60+ Nursing Home visits, talks with resident councils, etc 2 overnight stays...
- Reviewed national “agendas” of respected organizations and attempted to meet as many as possible
- The message here is that I don’t sit in Indy and make assumptions about what seniors need. I go out in the field and ask.

The focal point of Phase 2 is the expansion of the Options program beyond healthcare delivery to the support services that allow a greater number of choices for each potential consumer.

- Rates will be raised again for home care, ADS, AL, AFC. These will be “near commercial” rates that have been developed in conjunction with nationally recognized providers that will encourage their entry into the Indiana marketplace. In addition, rates for ATTC and HMKR services will be equalized for all payers. This is a change from last years 2% differential for CHOICE.
- The TBI waiver will be “opened” to allow the
- DA will make direct investments in the focus areas defined from the latest statewide listening tour: Transportation, Housing, Nutrition, and Service Access...
  - **\$331k** to INDOT for 31 non-profits to acquire 46 passenger vans
  - **\$1 million** to IHCD for rent subsidy programs and to reconfigure affordable housing
  - **\$40k** to ISDH to make the SFMNP statewide, effectively doubling the size of the program
  - **\$104k** to ISDH to double the size of the Donated Dental Services program and improve oral healthcare for

Phase 3 is supposed to start on 7/1/2008, but we’ve been having so much fun we decided to keep going. This phase begins the transfer of much of the support service provision from DA to communities. Our two primary delivery vehicles will be ADRCs and NORCs.

- Communities for Life (NORCS). **\$800k** investment this year to U of I to make five planning grants to sites across IN to do needs assessments regarding what

- types of community supports are necessary to keep seniors and disabled adults living independently. EFC will be a consultant. Paid, that is..
- ADRCs. Currently funded by grants but DA will begin making direct investments.
  - Adult Guardianship Program. **\$250k** investment this year to do pilot volunteer guardianship program. Eventual goal is to expand this statewide... Katrina...
  - HYPE. Hoosier Youth Providing for Elders. Formal statewide intergenerational program.

Phase 4 is direct investment in services and programs that effect seniors and disabled adults direct and are not necessarily delivered through an intermediary.

- Preventative Care (JuliaCare). Will be the optimum sponsor (**\$25k**) of the IBE this year, which will include free transportation for seniors. Need to collect data.
  - Could include flu shots, immunizations, vitamins, eye exams, prostate exams, diabetes and hypertension screens, and oral care.
- LTCI
- INShape Franchise for Seniors
- Golden Hoosier Card. In the biennium budget. Will look for private-sector sponsors that will allow us to have more flexibility in offering discounts and deliver services associated with the first three....

Will be creating a Community Dashboard that will begin to report on the three legs of an effective social service program: Operations, Cost Savings, and Outcomes..

**What?** Rebalancing LTC It's much more complicated than healthcare delivery...

**So what?** Good start, need to reduce limiters and give individuals and communities more flexibility to create environments that deliver the right services.

**Now what?** Three phases in the next three FYs to continue shift from making expenditures primarily to institutional providers to making investments in individuals, communities and support services...

Thanks for your time today. I really appreciate your support.

I look forward to your questions....